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URBAN DISTRICT OF SEDGLEY
(STAFFORDSHIRE)



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

AND OF THE

CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR

1959

URBAN DISTRICT OF SEDGLEY.
(Staffordshire).

A N N U A L R E P O R T S

of the

Medical Officer of Health

and the

Chief Public Health Inspector.

for the year

1959.

SEDGLEY URBAN DISTRICT COUNCIL.

PUBLIC HEALTH COMMITTEE.

Chairman:

Councillor F.S. Dews.

Councillors:

Councillor J. Jones, O.B.E., J.P.
(Chairman of the Council).

A.W. Bradley,

J.P. Fithern,

T.P. Hanley,

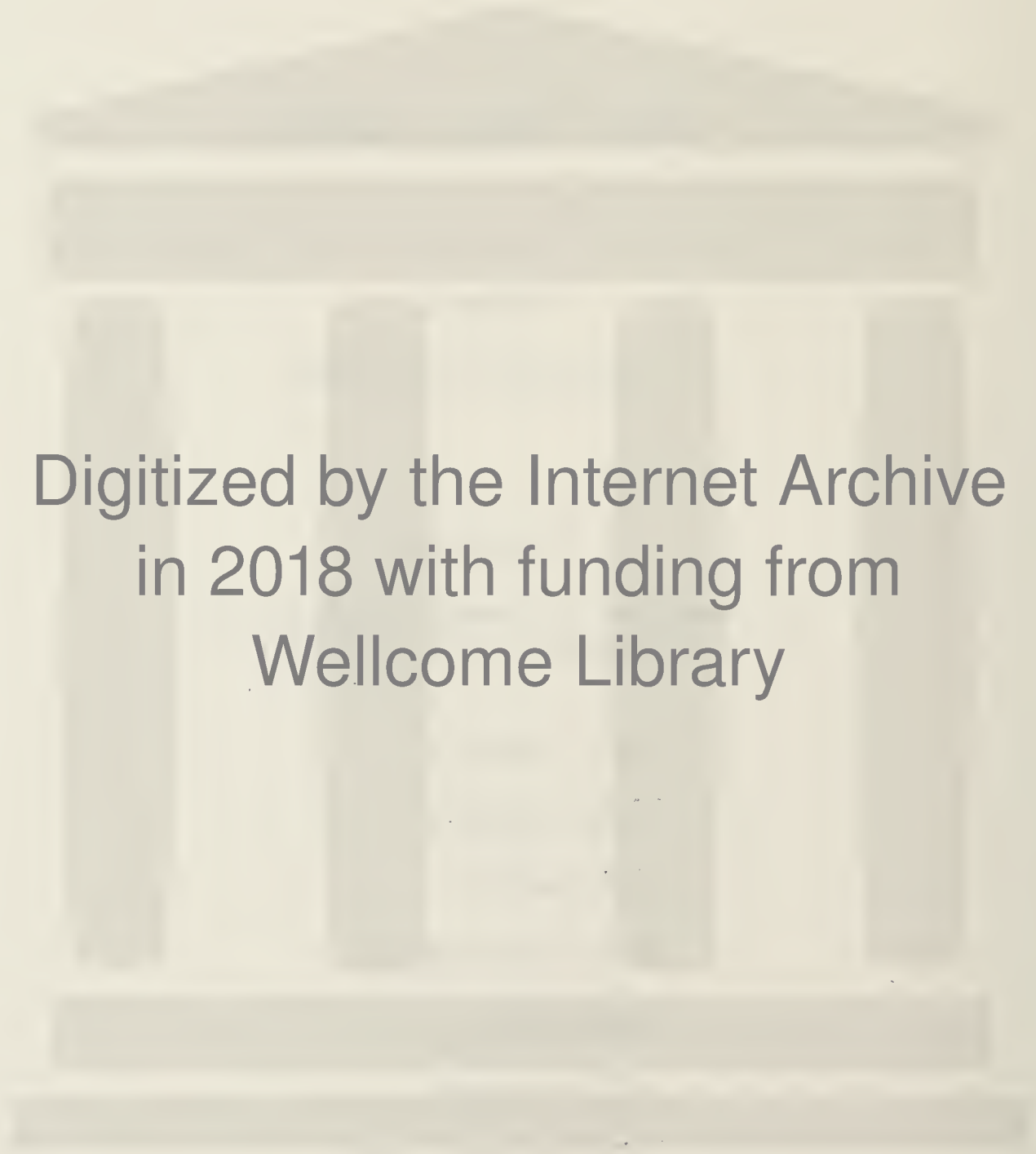
H.V. Mainwaring,

H.G. Marsh,

K.E. Millard,

J.E. Timmins, C.C.

G.A. Turner.



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PUBLIC HEALTH STAFF

Medical Officer of Health:

F.B. Mackenzie, D.S.O., M.C., M.A., M.B., Ch.B., D.P.H.
(Acting)

Chief Public Health Inspector and Cleansing Superintendent:

David J.W. Robertson, Cert. S.I.B., M.A.P.H.I., M.Inst.P.C.,
Cert. Meat and Food Inspector.

Additional Public Health Inspectors:

R.B.M. Anderson, A.R.S.H., A.I.P.H.E., M.R.I.P.H.H., M.A.P.H.I.,
Cert. Meat and Food Inspector.

J. Millward, Cert.P.H.I.J.B., A.R.S.H., M.A.P.H.I.
Cert. Meat and Food Inspector.

(Appointed 1st January 1959).

Clerical Staff:

Mrs. F. Detheridge,
Miss S.A. Oakley.

Official Address and Telephone Number of Medical Officer of Health:-

"The Limes", Dudley Road, Sedgley, Staffs. Sedgley 3101.
Private Telephone No.:- Wombourne 2392.

STATISTICAL SUMMARY 1959.

Area : 3,830 acres.

Population : 26,260.

Number of Inhabited Houses : 8,239.

Sum represented by a Penny Rate : £985.

Rateable Value : £244,544.

General Rate : 20/-

Birth Rate : 15.004 (Crude)
13.95 (Standardised)
16.5 (England and Wales)

Death Rate : 14.09 (Crude)
10.71 (Standardised)
11.6 (England and Wales)

Infantile Death Rate, per 1,000 Births : 17.77
England and Wales : 22.0

Deaths from Respiratory Tuberculosis : 1
from other Tuberculosis Diseases : Nil.

Respiratory Tuberculosis Death Rate : .038
from other Tuberculosis Diseases Nil.

Average Death Rate from Respiratory Tuberculosis for ten
previous years : .239.

Average Death Rate from other forms of Tuberculosis for ten
previous years : .029

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1959.

To the Chairman and Members of the Sedgley Urban District Council.

Mr. Chairman, Lady and Gentlemen,

As Acting Medical Officer of Health I have the honour to submit my Annual Report for 1959, incorporating the Report of your Public Health Inspector.

The Report is in accordance with the requirements of Ministry of Health Circular 1/60 and follows the same general lines as last year with appropriate observations in relation to the public health of the district.

It is fitting that an Annual Report besides being informative as to vital statistics and other public health activities in your district, should also be informative on subjects of interest at the moment in the field of preventive medicine. I refer to such subjects in the body of my report under a general public health section of same.

During the year under review the health of your urban district has on the whole been satisfactory apart from a very heavy incidence of Measles, which is in keeping with the biennial trend of this disease.

There were also twenty cases of dysentery but 18 of them were in a closed community, viz:- in Burton Road Hospital and outside my jurisdiction; the other two were sporadic cases in related households.

There was also one case of paralytic poliomyelitis in a young man. He had not been vaccinated against the disease.

The predominating causes of adult death continue to be heart disease, intracranial and vascular lesions, cancer and bronchitis.

Cancer of lung and bronchus were 6 as against 5 last year, and Cancer all forms 42, same as last year.

Deaths from respiratory tuberculosis have fallen from 3 to 1 this year.

Birth and Death rates for the district and the country as a whole are given in Tables on other pages of the Report.

In respect of infantile mortality rate there has been a marked and welcome fall from 34.09 to 17.77 per thousand live births.

Your Council is to be commended for their intention to sweep away old and substandard dwelling houses and to effect clearance of congested areas, both of which are the sine qua non requirements of a healthy environment.

Advances in surgical technique and recent antibiotic discoveries in medicine have brought both of those fields very much into the limelight, and rightly too, because it is the curative aspect that appeals to the sufferer. But that does not by one iota detract from the importance of preventive medicine, so many ailments and diseases being avoidable. Individuals can do a great deal for themselves in the way of avoiding disease or protecting themselves from it.

It is therefore from this point of view that I welcome the help the Central Council for Health Education is giving in the direction of promoting the maintenance of health by the extensive range of posters bearing on health and the ravages wrought by germs of disease, which they issue in return for your annual subscription.

Your subscription to the Bilston and District Family Planning Clinic I also consider merited in respect of the value of the medical advice that is sought and given.

As a further step in the care of the elderly, consideration is now being given to the setting up of a chiropody service, a very essential one. The Local Health Authority, i.e., the County, has powers under Section 28 (i) of the N.H.S. Act to establish such a service and has signified its intention to do so.

Standards of hygiene and measures for the protection of food supplies have received the close attention of your Public Health Inspectors throughout the year and this is as it should be as the public health service is essentially a preventive one and communities owe much to the vigilance of public health inspectors to ensure the wholesomeness of their food supplies.

In respect of the general sanitary conditions of the district they are on the whole satisfactory.

In making that observation I am not forgetful of the complaints that have been made in respect of the Cotwallend - Catholic Lane area. It is regretted that the complaints were not made to myself direct or the Chief Public Health Inspector, when appropriate investigation and action could have been taken at the time.

It is unfortunate that there should be such a density of attractive and modern dwellings in the area under criticism.

And this same density of property gives this undesirable density of dumbwells which has occasioned the complaints.

The housing development in this locality has been piecemeal and sporadic. Notwithstanding that the developers were in full knowledge that there was no sewerage system in situ at the time of building they were nevertheless keen to develop in spite of the knowledge that they would be on a dumbwell system of sewerage disposal. Having accepted that system however, does not rule out the desirability to have them emptied regularly or when offensive conditions arise; and that would appear to be the crux of the complaint.

As to the absence of a sewerage disposal system for the area and the steps being taken to provide one, your Engineer and Surveyor gives a full explanation in his report incorporated in the appropriate section of my annual report.

As to there having been "more outbreaks of epidemics in this area" than in any other in the district I refute this in toto. The only epidemic in the whole urban district for the year was one of measles when there were 447 cases and this high incidence is a biennial feature of measles; and of this total it is interesting and relevant to point out that there were only three cases of measles in the area in question.

As regards the provision of a Clinic and Infant Welfare Centre in Lower Gornal, it is gratifying to know that the unsatisfactory conditions that have existed now for many years are soon to be terminated. The new building in Bull Street is now approaching completion. It is well sited and attractive. Provision of separate rooms for ante-natal supervision, dental treatment, infant welfare and minor ailments has been made. There are also doctors rooms, a lecture hall, perambulator accommodation, reception office, and provision for the sale of milk foods, etc.

I convey my thanks to the Chairman and Members of your Health Committee for their support throughout the year and commend their watchfulness as to the sanitary conditions of your urban district.

As much ill-health can result from unsatisfactory and adverse housing conditions I am also appreciative of the consideration given by your Housing and Tenancies Committees to cases I have referred to them on medical grounds.

I thank the local medical practitioners for their continued co-operation in giving me notice of infectious diseases.

I record my appreciation of the efficient services of all your Public Health Inspectors throughout the year.

I am glad to have this yearly opportunity of thanking your Clerk for advice on points which have arisen from time to time. I am also indebted to your Surveyor for his co-operation, and to all other colleagues administrative and clerical.

I have the honour to be,

Your obedient Servant,

F.B. MACKENZIE,

Acting Medical Officer of Health.

September, 1960.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The Medical Officer of Health holds office in virtue of a joint appointment by the Sedgley Urban District Council, the Tettenhall Urban District Council, and the Staffordshire County Council on a time distribution basis of 5/11ths, 2/11ths and 4/11ths respectively.

As Medical Officer of Health of the Urban District his duties are those laid down under the various Public Health Acts and Regulations, in short to inform himself of all matters likely to affect the health of the Urban District and to advise the Council in such matters and to make an Annual Report on the work of the Public Health Department and the health of the district.

As Assistant County Medical Officer he undertakes such School Medical Inspections, Minor Ailment School Clinics, Immunisation Sessions and Maternity and Child Welfare Clinics in the Urban District as may be directed by the County Authority.

The Public Health Inspector is a full time appointment by the district authority. He is a qualified Meat and Food Inspector. Under the general direction of the Medical Officer of Health he performs all the duties imposed on a Public Health Inspector by statute and by any orders, regulations or directions from time to time made or given by the Minister, and by any byelaws or instructions of the local authority applicable to his office. He is assisted in his duties by two additional Health Inspectors.

Public Health and Sanitary matters are brought forward in the Public Health Committee, while Housing and Rehousing matters are dealt with in the Housing Committee and the Housing (Tenancies) Committee. These three Committees meet once monthly.

There are four Health Visitors, three District Nurses and three Midwives, all under the direction of the County Council.

In accordance with Part III of the National Health Service Act the following services are provided by the Local Health Authority, namely the County Council, the organisation and administration being in the hands of the County Medical Officer of Health.

- (a) Health Centres.
- (b) Care of Mothers and Young Children.
- (c) Midwifery.
- (d) Health Visiting.
- (e) Home Nursing.
- (f) Vaccination and Immunisation.
- (g) Ambulance Service.
- (h) Prevention of Illness, care and after care.
- (i) Domestic Help.
- (j) Mental Health Services.

With the exception of Provision of Health Centres, all the required services are being provided within the Area.

There will probably be some delegation of Part III functions and other powers to the district authority in the near future.

SCHOOL HEALTH SERVICES.

The Medical Inspection of School Children is provided by the County Council who have also established Ophthalmic, Dental and Orthopaedic Clinics. The various age groups are examined periodically and from the School Inspections referred to these Clinics or to the General Practitioner if so required.

In cases of Infectious Disease, and if deemed necessary, special steps are taken in conjunction with the School Authorities to exclude scholars who have been in contact with such disease. Protective measures and isolation are furthermore under the direction of the Health Department.

The School, Dental, Ear, Nose and Throat, and Eye Clinics provided in the Urban District are given in a separate table together with sessions for Speech Therapy and physiotherapy.

MATERNITY AND CHILD WELFARE.

The Staffordshire County Council maintains Ante-Natal and Child Welfare Centres in the Sedgley, Upper Gornal and Lower Gornal areas. The Regional Hospital Board provides in addition, Ante-Natal Clinics in their own Hospitals and Departments in the Wolverhampton, Dudley and Birmingham areas which are easily accessible to the population of the Urban District.

The Rosemary Ednam Maternity Home which forms part of the Burton Road Hospital, and Wordsley Hospital, are under the administration of the Regional Hospital Board. They provide accommodation for cases referred or booked from the Ante-Natal Clinics or by General Practitioners. Cases wishing to remain at home are delivered by the County Midwives, who, if so required, can call for the obstetric assistance of a General Practitioner.

The Staffordshire County Council also provides for the care and treatment of deformed, mentally sub-normal and handicapped children. These cases are selected from School Medical Inspections and Child Welfare Clinics or referred by General Practitioners. Illegitimate, homeless or neglected children are provided for in the Nurseries, Children's Homes and Remand Homes of the County.

NATIONAL ASSISTANCE ACT, 1948.

Since the passing of this Act the former Public Assistance Services ceased and were taken over by the National Assistance Board under the Ministry of National Insurance. The functions of the Relieving Officers have therefore been discontinued and replaced by the Officers of the National Assistance Board. The National Assistance Board holds no office in the Sedgley Urban District.

As under the National Health Insurance everyone is now medically insured, the medical supervision and treatment of necessitous cases has become the responsibility of the Medical Practitioners and the Regional Hospital Board. Other classes of necessitous cases, such as homeless, abandoned or neglected individuals are the responsibility of the County Welfare Authorities.

HOSPITALS.

Administration of Hospitals and Specialist Services is the responsibility of the Birmingham Regional Hospital Board.

The Hospitals and Specialist Departments serving the district and easily accessible, are those of Wolverhampton, Dudley and Birmingham.

Hospital treatment for cases suffering from Infectious Disease and in need of such treatment is provided in Moxley Hospital.

TUBERCULOSIS.

Institutions are maintained by the Regional Hospital Board for the treatment of persons suffering from Tuberculosis. The visiting of Tuberculous patients in relation to their care and after-care is under the administration of the County Council. Chest Clinics are situated at Dudley and Wolverhampton and several sanatoria are available.

LABORATORY FACILITIES.

Pathological and Bacteriological examinations are made by the Public Health Laboratory Service in Stafford.

CLINICS AND TREATMENT CENTRES.

1. THE QUADRANT, SEDGIEY.
ANTE-NATAL CLINIC.
Friday morning fortnightly.

CHILD WELFARE CLINIC.
Wednesday afternoon weekly.

SCHOOL CLINIC.
Wednesday morning fortnightly.

SPEECH THERAPY.
Tuesday all day weekly.

DENTAL CLINIC.
Saturday morning weekly.

PHYSIOTHERAPY.
Friday afternoon weekly.
2. BLEAKHOUSE, UPPER GORNAL.
ANTE-NATAL CLINIC.
Friday morning fortnightly.

CHILD WELFARE CLINIC.
Tuesday afternoon weekly.

SCHOOL CLINIC.
Tuesday morning weekly.

EYE CLINIC.
Periodically.

E.N.T. Clinic.
Periodically.
3. LOWER GORNAL.
CHILD WELFARE CLINIC.
Friday afternoon weekly.

SCHOOL CLINIC.
Friday morning fortnightly.

The days and times at which Clinics are held are liable to alteration from year to year.

AREA WELFARE OFFICER	- Mr. R.C. Cox, 6A Birch Street, Wolverhampton.
CHILD WELFARE OFFICER	- Miss White, 153 Tettenhall Road, Wolverhampton.
SOCIAL WORKER	- Miss Burd, Old Police Buildings, Dudley.

NATIONAL ASSISTANCE ACTS, 1948 and 1951.

It was not found necessary to exercise powers under Section 47 of the Act which deals with the care of the aged and infirm persons incapable of looking after themselves.

DOMESTIC HELP SERVICE.

The number of Domestic Helps who gave service in the Urban District during the year was 11. The number of Neighbourly Helps employed was 3.

AMBULANCES.

The Ambulance Services are operated by the County Council. The movement of all sitting and stretcher cases is controlled by Tipton Station (Telephone number Birch Street, Tipton, 3121-2-3). Radio is fitted to approximately 75% of the vehicles and intercommunication and contact is operated through Tipton. This should contribute to the speeding-up of the service.

The movement of Infectious Diseases, with the exception of Smallpox, is also dealt with through Tipton.

SEDGIEY MORTUARY.

The new Mortuary is now under construction.

The number admitted to the existing mortuary during the year was 23.

VITAL STATISTICS.

	<u>M.</u>	<u>F.</u>	<u>TOTAL.</u>
LIVE BIRTHS	218	176	394
Legitimate	215	171	386
Illegitimate	3	5	8
Live Birth Rate per 1,000 population (Crude)			15.004
Standardised Birth Rate			13.95
Illegitimate live births per cent. of total live births ...			2.03
Still-births..			9
Still-birth Rate per 1,000 Live and Still-Births. ...			22.33
Total Live and Still-births..			403
Infant Deaths			7
Infant Mortality Rate per 1,000 live births.			17.77
Legitimate Infant Mortality Rate per 1,000 legitimate live births ...			18.13
Illegitimate Infant Mortality Rate per 1,000 illegitimate live births			Nil
Neo-natal (first four weeks) Mortality Rate per 1,000 live births ...			5.08
Early Neo-natal Mortality Rate (deaths under one week) per thousand live births			5.08
Perinatal Mortality Rate (stillbirths and deaths under one week combined) per thousand total live and still births			27.29
Maternal Deaths (including abortion)... ..			1
Maternal Mortality Rate per 1,000 live and still-births ...			2.48
Deaths	190	180	370
Death Rate (Crude)			14.09
Standardised Death Rate			10.71
Deaths from Cancer (all ages)			38
Deaths from Measles (all ages)			Nil
Deaths from Whooping Cough (all ages).			Nil
Deaths from Gastritis, Enteritis and Diarrhoea			2

CAUSES OF DEATH DURING THE YEAR 1959.

									<u>M.</u>	<u>F.</u>
1.	Tuberculosis, respiratory	...	...	...	...	...	...	...	1	-
2.	Tuberculosis, other	...	...	...	...	...	...	...	-	-
3.	Syphilitic disease	...	...	...	...	...	...	...	1	-
4.	Diphtheria	...	...	...	...	...	...	...	-	-
5.	Whooping cough.	...	...	...	...	...	...	...	-	-
6.	Meningococcal infections.	...	...	...	...	...	...	...	-	-
7.	Acute poliomyelitis.	...	...	...	...	...	...	...	-	-
8.	Measles...	...	...	...	...	...	...	...	-	-
9.	Other infective and parasitic diseases..	...	...	...	...	...	...	...	2	1
10.	Malignant neoplasm, stomach...	...	...	...	...	...	...	...	4	-
11.	Malignant neoplasm, lung, bronchus.	...	...	...	...	...	...	...	5	1
12.	Malignant neoplasm, breast	...	...	...	...	...	...	...	-	3
13.	Malignant neoplasm, uterus	...	...	...	...	...	...	...	-	3
14.	Other malignant & lymphatic neoplasms ..	...	...	...	...	...	...	...	12	10
15.	Leukaemia, aleukaemia...	...	...	...	...	...	...	...	1	3
16.	Diabetes..	...	...	...	...	...	...	...	1	-
17.	Vascular lesions of nervous system.	...	...	...	...	...	...	...	21	30
18.	Coronary disease, angina	...	...	...	...	...	...	...	24	11
19.	Hypertension with heart disease	...	...	...	...	...	...	...	-	7
20.	Other heart disease.	...	...	...	...	...	...	...	44	53
21.	Other circulatory disease	...	...	...	...	...	...	...	5	10
22.	Influenza.	...	...	...	...	...	...	...	10	7
23.	Pneumonia.	...	...	...	...	...	...	...	3	3
24.	Bronchitis	...	...	...	...	...	...	...	20	6
25.	Other diseases of respiratory system	...	...	...	...	...	...	...	3	1
26.	Ulcer of stomach and duodenum	...	...	...	...	...	...	...	2	3
27.	Gastritis, enteritis and diarrhoea.	...	...	...	...	...	...	...	1	1
28.	Nephritis and nephrosis..	...	...	...	...	...	...	...	1	1
29.	Hyperplasia of prostate...	...	...	...	...	...	...	...	3	-
30.	Pregnancy, childbirth, abortion	...	...	...	...	...	...	...	-	1
31.	Congenital malformations..	...	...	...	...	...	...	...	4	1
32.	Other defined and ill-defined diseases...	...	...	...	...	...	...	...	15	21
33.	Motor vehicle accidents...	...	...	...	...	...	...	...	1	1
34.	All other accidents..	...	...	...	...	...	...	...	5	2
35.	Suicide	...	...	...	...	...	...	...	1	-
36.	Homicide and operations of war.	...	...	...	...	...	...	...	-	-
									<hr/> 190	<hr/> 180 <hr/>

BIRTH RATES.

Year	SEDGLEY			England & Wales Birth Rate
	Number of Births	BIRTH RATE		
		Crude	Standardised	
1950	327	14.27	--	15.8
1951	373	16.09	--	15.5
1952	329	14.11	--	15.3
1953	312	13.18	--	15.5
1954	304	12.74	--	15.2
1955	293	12.34	--	15.0
1956	345	14.29	13.58	15.7
1957	385	15.62	15.15	16.1
1958	352	13.89	13.47	16.4
1959	394	15.00	13.95	16.5

DEATH RATES.

Year	SEDGLEY			England & Wales
	Number of Deaths	DEATH RATE		Death Rate
		Crude	Standardised	
1950	251	10.95	--	11.6
1951	293	12.64	--	12.5
1952	260	11.15	--	11.3
1953	677	28.6	--	11.4
1954	742	31.09	--	11.3
1955	726	30.58	--	11.7
1956	642	26.605	10.90	11.7
1957	592	24.01	11.28	11.5
1958	458	18.08	10.48	11.7
1959	370	14.08	10.71	11.6

Note:- In respect of the years 1953 to 1959 inclusive the sharp increase in the number of deaths and in the crude death rate is accounted for by the fact that deaths in Burton Road Hospital of residents over 6 months have to be accepted. Previous to 1953 such deaths in Burton Road Hospital were not allocated to Sedgley. The crude death rate figures for 1953 to 1959 might therefore be disregarded for comparison purposes and the standardised death rates accepted for future years.

INFANTILE MORTALITY 1959.

Nett Deaths from causes stated at various ages under one year of age.

CAUSE OF DEATH	Under 1 week	1 to 2 weeks	2 to 3 weeks	3 to 4 weeks	TOTAL under 1 month	1 to 3 months	3 to 6 months	6 to 9 months	9 to 12 months	TOTAL DEATHS under 1 year
Atelectasis	1	1	1	1	1	1	1	1	1	1
Hydrops Foetalis	1	1	1	1	1	1	1	1	1	1
Congenital Heart Disease	1	1	1	1	1	2	1	1	1	2
Spina Bifida	1	1	1	1	1	1	1	1	1	1
Convulsions	1	1	1	1	1	1	1	1	1	1
Broncho Pneumonia	1	1	1	1	1	1	1	1	1	1
	2	1	1	1	2	2	1	2	1	7

OPHTHALMIA NEONATORUM.

No case of the disease was notified in the Sedgley Urban District during the year, nor have any cases been recorded in the urban district for many years, a situation that reflects on the efficiency of the midwives.

INFANTILE MORTALITY RATES.

Year	Sedgley			England & Wales
	Births	Deaths	Rate per 1,000 Births.	Rate per 1,000 Births
1950	327	17	51.98	29.8
1951	373	10	26.81	29.6
1952	329	9	27.35	27.6
1953	312	6	19.23	26.8
1954	304	13	42.76	25.5
1955	293	13	44.37	24.9
1956	345	10	28.98	23.8
1957	385	18	46.75	23.0
1958	352	12	34.09	22.5
1959	394	7	17.77	22.0

From the Table it will be observed that there were 394 births, the highest number in the ten years recorded; and in relation to this higher number of births it will be observed that the Mortality Rate 17.77 is the lowest recorded in the decade.

This marked reduction in rate from last year is welcomed but as I pointed out last year the rate would appear to oscillate strongly from year to year and that in a small community it would be preferable to disregard rates and to make comparison and comments on the actual number of deaths; and the number of deaths for this year has fallen from 12 to 7 which is in the right direction as the rate for the country as a whole continues to fall.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The prevalence of notifiable diseases during the year shows a marked increase on last year, the number of notifications being 495 as against 46 last year.

Scarlet Fever.

4 cases notified compared with 14 during 1958.

Whooping Cough.

4 cases notified during the year, compared with 1 case for the previous year.

Measles.

447 cases notified as against 12 during 1958.

Pneumonia.

17 cases were notified compared with 14 for the previous year.

Dysentery - Sonne.

20 cases were notified during the year. 18 of the cases notified occurred in a General Hospital in the district in an old peoples ward, a closed community, and outside my jurisdiction.

Nevertheless I investigated the outbreak from the angle of outside visitors. Visiting was stopped. The Hospital welcomed my co-operation with them in bringing the outbreak under early control.

The kitchen staff and ward food handlers were found all clear. The outbreak would therefore appear to have been of the nature of a cross-infection.

The other two cases occurred in related households, one in a young child and the other in a grandmother of the child. She had assisted in the washing of the child's soiled clothing. The possibility of food poisoning was investigated but with negative result.

Poliomyelitis.

This was an isolated case and occurred in a young man, 25 years of age. He had not been vaccinated against poliomyelitis.

Recovery was slow but there has been no incapacitating residual paralysis.

CASES ADMITTED TO HOSPITAL.

The total number of cases admitted to Hospital for Infectious Diseases were:-

MOXLEY HOSPITAL.

Scarlet Fever	...	...	...	2
Broncho Pneumonia.	...	...	...	4
Pneumonia	...	...	...	1
Puerperal Pyrexia.	...	...	...	1
Dysentery	...	...	...	4
Gastro-enteritis..	...	...	...	1
Laryngo - tracheitis...	...	...	...	1
Cellutitis...	...	...	...	1

HAYLEY GREEN HOSPITAL.

Sonne Dysentery...	...	...	...	5
Chicken-Pox..	...	...	...	1
Broncho-Pneumonia.	...	...	...	1

LITTLE BROMWICH HOSPITAL.

Dysentery	9
Paralytic Poliomyelitis.	1

SWABS AND SPECIMENS submitted to the Public Health Laboratory:-

Sputa Swabs	63
Cultures for Myco-Tuberculosis.	77
Throat Swabs	4
Laryngeal Swabs.	2
Tonsil Swab	1
Pleural Fluid... ..	2
Pork..	1
Faeces	3

The great majority of these sputa swabs were submitted by the Tuberculosis Officer.

SMALL-POX.

Cases of suspected Small-pox are notified to the Small-pox Consultant in cases of doubt who then takes further charge of the disposal of the case. Local protective and preventive measures are under the direction of the Health Department.

GENERAL MEASURES.

School notifications of infectious diseases are received by the Health Department and carefully studied for any features necessitating prompt action and location.

When desirable, the schools are disinfected, and terminal disinfection of premises and articles which have been exposed to infection carried out. Cancer and other cases of long standing disease are dealt with on request.

Disinfection is carried out by the use of formaldehyde lamps and disinfection fluid.

DISINFECTION OF CONTAMINATED CLOTHING AND BEDDING.

An arrangement exists with the Public Health Department, Dudley, for the disinfection of contaminated clothing and bedding if the need should arise.

VACCINATION AND IMMUNISATION.

The County Council does not provide for a Vaccination Centre in Sedgley, but arrangements can be made with the Medical Practitioners by those who wish themselves or their children vaccinated.

Immunisation against Diphtheria and Whooping Cough and Poliomyelitis Vaccination is undertaken in the Child Welfare and School Clinics, while special Immunisation Sessions in Schools provide for an increase in the immunity of the child population. The administration of Poliomyelitis Vaccination is in the hands of the Area Office at Brierley Hill.

With the advent of Poliomyelitis vaccine, and being in good supply, immunisation sessions have been held in all the schools in the area and at the Clinics in the course of the year.

We have continued to avail ourselves of the opportunity given by the Central Council of Information to place advertisements in the local press in order to stimulate Diphtheria Immunisation.

The following information has been supplied by the Brierley Hill Area Health Office:-

SMALL-POX - Vaccinations performed during 1959.

Number vaccinated	...	under 1 year	...	138
"	"	...	1 to 4 years	18
"	"	...	5 to 14 years	9
"	"	...	Over 15 years	8
				<hr/>
				173
				<hr/>
Number re-vaccinated		Over 15 years.		5

DIPHTHERIA - Immunisation.

Children of school age who completed the full course of injections at 31st December, 1959, i.e. children born 1945 - 1954 inclusive.	3,644
Children under 5 years at 31st Dec.1959 immunised	946
Total number of children who have received primary immunisation during 1959	336
Number who have had a reinforcing injection during 1959	369

WHOOPING COUGH.

Number of children immunised during the year ending 31st December 1959					
Under 5 years of age	...	...	...	...	183
From 5 to 14 years..	...	...	...	...	2
					<hr/>
					185
					<hr/>

POLIOMYELITIS.

The information given here is in respect of the whole area covered by the Brierley Hill Area Health Committee.

Approximately 70% of children aged 8 months to 15 years were immunised during 1959.

AGE-GROUPS AND LOCALITY - DISTRIBUTION OF INFECTIOUS DISEASES.
(excluding Tuberculosis) Notified in 1959.

DISEASE	Total All Ages	SEX		Under One Year														
		M.	F.		1 -	2 -	3 -	4 -	5 to 9	10 to 14	15 to 24	25 to 44	45 to 64	65 and over	SEDGLEY	UPPER GORNAL	LOWER GORNAL	GOLDTHOR PARK
Scarlet Fever	4	2	2	-	1	-	-	-	3	-	-	-	-	-	1	1	2	-
Whooping Cough	4	3	1	-	-	1	-	-	3	-	-	-	-	-	1	-	3	-
Measles	447	211	236	9	41	55	51	56	232	3	-	-	-	-	171	25	231	20
Pneumonia	17	10	7	4	-	-	-	-	-	1	2	-	5	5	4	4	4	5
Dysentery	20	4	16	-	-	-	-	1	-	-	-	-	1	18	-	19	1	-
Poliomyelitis (Paralytic)	1	1	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1
Puerperal Pyrexia	2	-	2	-	-	-	-	-	-	-	1	1	-	-	1	1	-	1
	495	231	264	13	42	56	51	57	238	4	3	2	6	23	179	50	241	25

TUBERCULOSIS.

The number of new cases notified for the year was 17 pulmonary as against 10 pulmonary in 1958.

AGE PERIODS	NEW CASES				DEATHS			
	Pul		Non-Pul		Respiratory		Other	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1 to 2 years	1	1	-	-	-	-	-	-
2 to 4 years	-	-	-	-	-	-	-	-
5 to 9 years	-	1	-	-	-	-	-	-
10 to 14 years	-	-	-	-	-	-	-	-
15 to 19 years	1	1	-	-	-	-	-	-
20 to 24 years	1	-	-	-	-	-	-	-
25 to 34 years	2	2	-	-	-	-	-	-
35 to 44 years	1	1	-	-	-	-	-	-
45 to 54 years	4	-	-	-	1	-	-	-
55 to 64 years	1	-	-	-	-	-	-	-
65 years and over	-	-	-	-	-	-	-	-
	11	6	-	-	1	-	-	-

YEARLY FIGURES FOR THE LAST DECADE.

YEAR	NEW CASES		DEATHS	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1950	22	2	6	3
1951	17	3	6	1
1952	16	3	11	-
1953	26	1	5	2
1954	13	1	7	-
1955	18	-	3	-
1956	17	-	5	-
1957	9	1	2	1
1958	10	-	3	-
1959	17	-	1	-

Deaths are in relation to the total number of notified cases on the register.

TUBERCULOSIS REGISTER.

At the end of the year our Register counted 176 cases of pulmonary and 9 cases of non-pulmonary Tuberculosis.

OBSERVATIONS.

Deaths from pulmonary tuberculosis still continue to show a marked fall. Early detection and the efficacy of chemotherapy have contributed much to this; but on the other hand the incidence and notification of pulmonary tuberculosis shows little or no diminution from year to year, and in respect of this year there is an increase of 7 on the register.

Number on Register 31st December 1958	...	...	154
New cases...	...	...	17
Inward transfers from other districts	...	9	26
Less cases removed from register		4	
Balance to be added to last year's register number		22	
Number on register 31st December 1959		176	

Mass radiography contributes to the detecting of asymptomatic cases - that is to say, those who do not consider themselves ill enough to attend their doctor. The pressing advice of health visitors to household contacts to avail themselves of chest X-ray facilities also helps to discover unsuspected cases. So it is quite understandable that above measures are contributing to increased notification.

The incidence would nowadays appear to be higher in the older age groups, particularly amongst men; and so it is possible that pools of unsuspected infection may exist in households where there are other susceptible younger adults and children. We must therefore continue to encourage people to avail themselves of mass radiography and individual chest x-ray examination.

It is therefore for those reasons I record my appreciation of the co-operation by the Housing (Tenancies) Committee in giving priority to my housing recommendations in respect of Tuberculosis households - as it is from such, fresh notifications can arise.

SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLY.

The Sedgley Urban District, with the exception of the Goldthorn Park area, is supplied by the South Staffordshire Waterworks Company. The Goldthorn Park area receives its supply from the Wolverhampton Corporation Water Undertaking.

I am indebted to Mr. R.H. Taylor, B.Sc., M.Inst.C.E. and to Mr. Brian L. McMillan, B.Sc., M.Inst.C.E., the respective Engineers-in-Chief of the undermentioned undertaking, for the following information.

(a) SOUTH STAFFORDSHIRE WATERWORKS COMPANY.

- (i) The water supply to the area has been satisfactory both in quality and quantity.

Sedgley district is supplied with water from service reservoirs at Dudley, the supply to which can be maintained from four pumping stations in the Smestow Valley and two pumping stations near Lichfield.

- (ii) The greater part of the water supplied to Sedgley comes from two of the Smestow Valley Stations. Chlorination is practised at both Stations but owing to practical difficulties, samples of the raw water are not obtainable.

During 1959, 42 samples were taken from the Sedgley elevated storage tanks, 21 samples were taken from the Reservoir and 21 were taken from the Waterman's house at Sedgley. Of these 84 samples 78 were free from all types of coliform bacteria.

The average chemical results for 1959 of the 21 samples from the Waterman's house at Sedgley were:-

pH	...	...	...	...	...	...	...	7.2			
Alkalinity (CaCO ₃)	...	...	...	...	...	...	...	80	parts	per	million.
Chlorides (cl)	...	...	...	...	...	...	...	37.5	"	"	"
Ammoniacal Nitrogen (N)	...	...	...	...	...	...	...	Trace	"	"	"
Albuminoid Nitrogen (N)	...	...	...	...	...	...	...	Trace	"	"	"
Oxidised Nitrogen (N)	...	...	...	...	...	...	...	2.8	"	"	"
Oxygen absorbed (3 hr. at 20°C)	...	...	...	...	...	...	...	.12	"	"	"
Temporary Hardness	...	...	...	...	...	...	...	76	"	"	"
Permanent Hardness	...	...	...	...	...	...	...	63	"	"	"
Total Hardness	...	...	...	...	...	...	...	139	"	"	"
Iron (Fe)	...	...	...	...	...	...	...	.05	"	"	"
Manganese (Mn)	...	...	...	...	...	...	...	Nil	"	"	"
Zinc (Zn)	...	...	...	...	...	...	...	Nil	"	"	"
Poisonous Metals (Cd & Pb)	...	...	...	...	...	...	...	Nil	"	"	"
Free Cl	...	...	...	...	...	...	...	Nil	"	"	"

- (iii) The waters are not liable to plumbo-solvency and the 21 samples from the Waterman's house were all free from any detectable quantities of lead.
- (iv) Chlorination is practised at most of the pumping stations as a precautionary measure. In cases of possible contamination in the event of burst or damaged mains, emptying reservoirs, etc., emergency chlorination is performed. Special apparatus and staff are available for this work. New mains etc., are not brought into use until the water has been examined and pronounced satisfactory.
- (v) The following are particulars of the number of houses supplied and the approximate population:-

	<u>Houses</u>	<u>Estimated Population</u>
(a) Houses supplied direct	7057	26,464
(b) Houses supplied by outside taps at 31st Dec. 1959.	505	1,444
	<u>7562</u>	<u>27,908</u>

Note: The population for item (a) is calculated on a basis of 3.75 persons per house.
Item (b) is calculated on a basis of 2.86 persons per house.

(b) WOLVERHAMPTON CORPORATION WATER UNDERTAKING.

The water supplied by the Wolverhampton Corporation Water Undertaking to the Goldthorn Park area is derived from a number of sources of supply and the relative properties depend on the part of the district and varying circumstances.

(i) The water supply has been satisfactory in quantity and quality.

(ii) The following is a summary of the Bacteriological examination of water going into distribution.

Number of samples taken	Presumptive Coli-aerogens per ml.			
	0	1 - 2	3 - 10	Over 10
366	339	11	10	6

(iii) The water supplies is not liable to have plumbo-solvent action.

(iv) There has been no known contamination of the water supply subsequent to leaving the works.

(v) The number of dwelling houses in the Goldthorn Park area supplied direct is 1009 and the population thereof estimated at 3532. None are supplied by standpipe.

SEWERAGE AND SEWAGE DISPOSAL.

I am indebted to your Surveyor, Mr. W.M. Jones, B.Sc. (Eng.), A.M.I.C.E., for the following report:-

SEWERAGE.

During the year, foul sewer extensions were carried out at Sandyfields Road and Gorge Road which resulted in 14 cesspools being dispensed with.

The foul sewerage scheme for the Cotwallend-Catholic Lane area, which included a pumping station to pump to the Gospel End Disposal Works, could not be carried out during the year. Due to the serious overloading of the Disposal Works, the Severn River Board would not consent to the discharge and this scheme had to be abandoned. A further scheme was prepared to convey the sewage from the area by a gravity sewer to Lower Gornal works, but difficulty was experienced in deciding on a route, due to past, present and future coal and fireclay mining in that locality. A satisfactory scheme was finally arrived at, unfortunately considerably more costly than the original pumping station scheme, and this should be put under construction in the Spring of 1960.

SEWAGE DISPOSAL.

The construction of sludge drying beds and pumping equipment at Lower Gornal Disposal Works was completed during the year and it is hoped such works will improve the quality of the effluent, or at least prevent any further deterioration pending the construction of the extension works, which it is expected, will commence in the Summer of 1960.

The design of similar extensions at Gospel End Sewage Works were placed in the hands of Consulting Engineers and their preliminary report is expected early in 1960.

Consideration has also been given during the year to the Beacon and Eve Lane Works, on the eastern side of the district, which drain to the Trent River. From time to time, the quality of the effluent has not been all it should be, indicating among other things, the inadequacy of sludge drying facilities. The design of additional drying beds was commenced during the year and it is hoped that in 1960, such beds will be provided, and other matters attended to with a view to improving conditions.

A Sewage Works Foreman was appointed to take up his duties in January 1960 and it is anticipated that by more competent management, an all round improvement can be effected.

Public Conveniences.

No new construction was undertaken during the year. Damage to the six existing public conveniences was slightly less than in previous years and it is hoped that this trend will be maintained.

MUNICIPAL CEMETERY AND CREMATORIUM.

The lawn type Cemetery at Gornal Wood administered by a Joint Committee of the Sedgley, Dudley and Brierley Hill Councils continued to improve in beauty by the efforts of the Superintendent and Registrar, Mr. Rouse. A large greenhouse was constructed during the year, from which many kinds of plants can be produced to enhance the beauty and dignity of the cemetery, and also the crematorium, both inside and out.

Work has proceeded during the year on the construction of the Crematorium building, designed for the Joint Committee by Mr. John Lewis, F.R.I.B.A., Borough Architect of Dudley, and this will be one of the finest examples of such a building in the country. There have been some unavoidable delays in the construction and completion is now likely to be in the summer of 1960.

SANITARY INSPECTION.

The systematic inspection of the district has been carried out in an efficient manner. Details are given in the report of the Chief Health Inspector.

HOUSING.

Houses completed during the period 1st January to the 31st December, 1959, were:-

Municipal Houses	71
Private Houses	415
	<hr/>
	486
	<hr/>

Municipal Estates completed or nearing completion during the year were Monument Lane, Sedgley, and Jockey Fields, Upper Gornal, and Musk Lane, Lower Gornal.

Private estates in the same category were Elizabeth Avenue, and Fighting Cocks Estate, Goldthorn Park, and The Paddock, Upper Gornal.

There were 241 private houses actually under construction at the 31st December 1959.

The Housing position to date in respect of Unfit Houses and of progress in Demolition and Clearance Areas, is given in greater detail in the Chief Public Health Inspector's Report.

CLEARANCE AREAS.

(a) Confirmation in respect of the following areas has now been received:-

Kent Street No. 3 Clearance Area.
Kent Street No. 4 Clearance Area.
Ox Street and Stone Street Clearance Area.
Pale Street Clearance Area.

(b) Official representation was made in the course of the year in respect of:-

Windmill Street No. 1 Clearance Area 1st September 1959.
Windmill Street No. 2 Clearance Area 1st September 1959.

Confirmation is still awaited.

GENERAL PUBLIC HEALTH.

MENTAL HEALTH ACT, 1959.

During the year the advent of this Act has given a re-orientation and new approach to the treatment of mental ill-health and disorders.

In the treatment of mental disorders the emphasis is to be more on restoring patients to the community than on isolating them for too long a period in hospital.

The day of the large mental hospitals is ending. They will be replaced by the establishment of psychiatric units in association with the existing general hospitals. The stigma of admission to what was formerly recognised as a mental institution will thus be removed.

There will be a two-way approach to the case - the general practitioner recognising early symptoms in his patient and the consultant psychiatrist advising as to appropriate treatment.

On discharge from hospital it will fall upon the Local Health Authority to make provision for such services as after-care hostels, community and domiciliary services, rehabilitation and occupation centres.

As it is the family doctor who first sees the patient and as it is to him it is hoped he or she will eventually return, there will therefore be the need for close consultation, co-ordination and co-operation by the hospital psychiatric unit with the general practitioner all the way - in other words, there must be a linked chain from admission to hospital to discharge to the community.

RADIATION HAZARDS.

As predicted in my report of last year, a memorandum has now been issued by the Ministry of Housing and Local Government for the information of Local Authorities in respect of Government action on Radioactivity. It covers the points I raised in 1958.

The memorandum summarises the action which the various central government agencies concerned with radioactivity have in hand on matters in which local authorities may have a direct or indirect interest.

"Apart from natural sources which have always been present - cosmic radiation and the existence of naturally radioactive material in the environment - there have developed a variety of man-made sources from which the public are or might be subject to irradiation."

Ministry regulations are in preparation to cover all-open sources of radiation hazards which may arise from radioactive materials used in medical equipment, factories, industry or research, and from radioactive wastes.

As regards Fall-out, countrywide and local surveys are now being carried out in respect of milk, water, green vegetables, potatoes and flour and other foods with a view to keeping a close watch on the general level of radioactivity in the national diet.

In respect of the monitoring of food Sir John Charles, Chief Medical Officer, in an accompanying letter to the memorandum, is of the opinion that levels so far detected are extremely low and need give Medical Officers of Health no concern; and thus, so long as the present low average levels in relation to fall-out persist, there can hardly be presumed to exist the possibility of local contamination of food within the meaning of the Food and Drugs Act, such as might justify local monitoring on this account.

FLUORIDATION OF WATER SUPPLIES.

I submitted information on this subject in my report for 1958. The adoption of such procedure is still being pursued and considered at all levels. Some action and decision as to the introduction of fluoride to their water supplies by local authorities is envisaged as likely in the near future.

The Ministry has issued no restraining circular or communication as to the adoption by authorities of fluoridation but has accepted the recommendations of the Mission that visited America to study the fluoridation of water supplies as a means of controlling the incidence of dental caries.

The Mission recommended that pilot schemes should first be undertaken in a selected number of communities and those experimental trials are now being carried out in Kilmarnock, Watford and Anglesey.

No report on those schemes has yet been issued as far as I am aware, as to the extent of the benefit to be derived, nor is it surprising that a report has not yet been issued as it is a period of perhaps seven to eight years that will be required to assess the value; for it is on the condition of children's teeth from birth to eight years of age that the observations will be made.

One will always get people writing letters with the object of initiating controversy and fostering opposition to any contemplated action, and this opposition to fluoridation would appear to be becoming organised. They reject the considered opinion of such bodies as the World Health Organisation, the Medical Research Council and the British Dental Association. The same people would probably oppose or refuse Smallpox vaccination, Polio Vaccination, Diphtheria Immunisation and other preventive measures now in use. Of course, as to those procedures it is conceded the position is not quite the same. There the individual is given the opportunity of acceptance or refusal. What is objected to in fluoridation is that it is being imposed on them as a mass procedure without reference to acceptance or refusal, a deprivation of personal liberty.

Opposition and antagonism to fluoridation emanate from the adult who is probably no longer interested in his teeth. He has had all he is likely to get and probably lost all he ever had. It is the general good and the improvement in the future dental condition of the rising generation that has to be taken into consideration.

FOOD HYGIENE.

In my report of last year I made observations on the activities of your public health inspectors in ensuring compliance with the Food Hygiene Regulations. Throughout the year they have continued to exercise the same vigilance and it is satisfactory to report there have been no cases of food poisoning in the district. Nevertheless it might be informative to give the views and findings which Dr. Cockburn of the Central Public Health Laboratory communicated in a paper to the recent Health Congress on the incidence of food poisoning in England and Wales.

He pointed out that whilst there had been a fall in the number of general outbreaks of food poisoning during the last decade, and whilst family outbreaks have remained at a steady level, sporadic cases (that is, isolated cases unrelated to other cases) have risen.

In regard to the different foods associated with outbreaks he gave the following informative table:-

Associated with meat	...	...	...	70%
" " sweetmeats	...	...	...	8%
" " fish	...	...	...	7%
" " egg & egg products..				6%
" " milk & milk products				3%
" " vegetables	...	...		3%
" " fruit	...	...	...	1%
" " other foods	...	...		1%

He particularly pointed out that processed and made-up foods of any kind were always potentially dangerous. Of associated meat outbreaks 86% were of this description.

Dr. Betty Hobbs, of the Central Public Health Laboratory, in dealing with food hygiene and the prevention of food poisoning stressed the need for more refrigerated storage of cooked foods and heat treatment of all milk. Preventive measures included education and supervision and training of all food handlers in techniques and habits which will avoid transmitting infecting organisms from nose, throat and hand lesions.

SMOKE CONTROL AND CLEAN AIR.

The Minister of Housing and Local Government, in Circular No. 5/59, issued in January 1959, has asked that local authorities in black areas should consider their domestic smoke problem as a whole: that they should decide on the smoke control areas that were needed, in what order of priority they should be made, and how many years it was likely to take to finish the job: and that they should prepare a phased programme for establishing smoke control areas over the next five years. This is what your Council is now doing.

The Ministry of Health and the Public Health Laboratory Service directed by the Medical Research Council have issued an informative and instructive review on the subject of Mortality, Fog and Atmospheric Pollution and I take the liberty of conveying to you some abridged extracts pertinent to the Clean Air Act and to the Smoke Control areas you are now establishing in your urban district.

"As the clean air programme progresses the various proportions of pollutants should be reduced."

"It was once considered that the oxides of sulphur were the most toxic of atmospheric pollutants. Now evidence is accumulating to show that it is the black suspended matter which has the more predominant role."

"Occurrence of fog and atmospheric pollution may show coincidental peaks."

"Persistent, dense, smoke-polluted fogs are associated with serious increases in mortality."

In one's enthusiasm to implement the Clean Air Act one should not be carried away with the idea that it is the 'cure-all' for bronchitis and chest complaints.

There are so many other factors involved, such as nature of occupation, type of industry, individual constitutional make-up, familial tendency, home conditions and exposure to pathogenic bacteria, that there is no guarantee that clean air as visualised by the mere absence of smoke will eliminate bronchitis and chest complaints.

But of course it is a different matter when the attack is on 'smog,' which is smoke and fog, and the air is heavily loaded with solids in the way of dust particles, soot and sulphur dioxide and other injurious products of combustion, all of which are irritants and may precipitate chest conditions or accentuate existing chest susceptibility. And therein lies the object of the Clean Air Act to remove the irritants and impurities in the air which arise from combustion as it exists to-day.

REPORT OF THE PUBLIC HEALTH INSPECTOR

HOUSING.

The following table shows our housing progress during the year. This is an abstract of the relevant details from the quarterly returns submitted to the Ministry of Housing and Local Government.

A. Houses Demolished.

In Clearance Areas.

	<u>Houses Demolished</u>	<u>Displaced during the year</u>	
		<u>Persons</u>	<u>Families.</u>
(1) Houses unfit for human habitation	29	32	12
(2) Houses on land acquired under sec.43(2) Housing Act, 1957.. ...	4	11	4

Not in Clearance Areas.

(3) As a result of formal or informal procedure under sec.17(1) Housing Act, 1957	14	63	20
--	----	----	----

B. Unfit Houses Closed.

(4) Parts of buildings closed under sec.18, Housing Act, 1957 ...	1	4	1
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C. Unfit houses made fit and houses in which defects were remedied.

(5) After informal action by local authority ...	21
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In Slum Clearance, a year is a very short period in which to obtain an accurate picture of what is taking place. I give, therefore, in the following two tables, the statements submitted quarterly to the Health Committee. These give the position at the 31st December, 1959.

SLUM CLEARANCE - PROGRESS STATEMENT.

PART A - INDIVIDUAL ACTION.

I - CATEGORIES OF PROPERTIES INVOLVED

Grand Totals.

(1)	Individual Demolition Orders, Closing Orders made and Undertakings of all kinds accepted since 1/1/37	400
(2)	Proportion of above included in Closing Orders; Undertakings not to use for habitation; and Undertakings to make fit.	72
(3)	Total Demolition Orders made and included in (1) above -	<u>328</u>
(4)	Total number of Orders, etc, made and included in (1) above dealt with between 1937 and 2nd November, 1955.	302
(5)	Total number of orders, etc, made and included in (1) above dealt with between 2nd November, 1955 and 31st December, 1959.	<u>98</u>
		400

II - DISPOSAL OF PROPERTIES UNDER
DEMOLITION ORDERS

(6)	Total houses included in (3) above which have been demolished	275
(7)	Total houses included in (3) above which are vacant and are awaiting demolition.	<u>34</u>
(8)	Total houses included in (3) above which are still occupied	<u>19</u>
		328
(9)	Total families rehoused by Council from houses included at (3) above -	
	(a) before 2/11/55.	230
	(b) after 2/11/55.	<u>79</u>
		309

PART B - CLEARANCE & OTHER GROUP ACTION.

CLEARANCE PROGRESS				REHOUSING PROGRESS				
Demolished	Vacant, & awaiting demolition	Still occupied	Total	<u>Rehoused by Council</u> Before 2/11/55	<u>After 2/11/55</u>	Awaiting rehousing by Council	Rehoused privately or awaiting private rehousing	TOTAL
10	Nil	Nil	10	9	Nil	Nil	1	10
18	Nil	Nil	18	2	13	Nil	3	18
16	2	Nil	18	8	10	Nil	Nil	18
34	3	3	40	Nil	36	3	1	40
19	8	3	30	Nil	26	3	1	30
9	18	19	46	Nil	23	13	5	46
Nil	6	9	15	Nil	Nil	9	6	15
106	37	34	177	19	108	33	17	177

The foregoing tables, in the main, show completed action. In addition, it is necessary to record that action under the Housing Act has been initiated on a further number of individual unfits and that this will be a continuous process. Moreover, Clearance Area action is also proceeding rapidly. In addition to the areas detailed in the last table, the Ox Street - Stone Street area, containing 24 houses, and the Pale Street area, containing 27 houses, have both been confirmed by the Ministry. The Windmill Street area, containing 25 houses, is awaiting confirmation, and a large area in the Spills Meadow, Inhedge Street area of 86 houses is ready for forwarding to the Ministry.

Preliminary surveys have been carried out in a number of other areas, where our rate of progress will be determined solely by our physical capacity to erect new houses for the displaced families.

It appears that there will be no end to our work under the Housing Act. With the general rise in the standard of living, families are becoming increasingly unwilling to live in sub-standard houses, where they are rapidly becoming a class apart and one which constitutes a minority of the population.

The objection to living in our older properties, i.e. those of about 100 years of age, is no longer because of disrepair, but because of the lack of modern amenities. The lack of modern cooking and washing facilities is increasing in importance. The old wash-house in the yard, which contains the only water supply is now becoming a serious defect in itself. And the row of W.C.'s at the bottom of the yard to serve several houses is no longer tolerable in the present age.

No matter how good the house itself is, the lack of privacy and amenities, such as described above, must make the estimated life of such a house a very short one. It is also noticeable that few of such houses are in themselves really desirable residences. Their internal arrangement is obsolete and not in accord with present day standards. The front door opening directly from livingroom on to street, the steep, narrow, winding staircase, one bedroom leading directly into the other, no bathroom, no hot water supply, all these constitute serious defects, and unfortunately, defects of which the Housing Act takes little account.

This changed outlook is reflected in the very reduced number of notices for repair issued by the department. All the worst houses have, of course, gone. But to-day, tenants of poor houses are seldom interested in complaining to the department about disrepair. Many will put it right themselves others prefer to keep the defects as a lever for having the house condemned, with subsequent rehousing.

Improvements Grants.

Since 1955, when we approved our first Improvement Grant, a total of 69 applications have been received (5 during 1959). Of these 69 applications, 34 have been approved for Grant, the total of Grants approved amounting to £6,001 (£1,156 during 1959).

Applications for Standard Grants numbered 2, the total maximum grants permitted in these cases being £250.

It is obvious that these Improvement Grants are not being taken advantage of to any extent by the householders in this district.

Letting of Council Houses.

This duty is carried out by the Health Department, and is one of our more onerous tasks.

The waiting list, which numbered 856 at the beginning of the year, stood at 906 at the end of the year. This figure, however, was checked by a postal survey and resulted in the list being reduced to 762.

This latter figure can be split up as follows:-

Applicants in lodgings in the district	304
Applicants in lodgings outside the district ...	35
Tenants of houses in the district	267
Applicants for 1-bedroom flats..	97
Approved cases not yet rehoused.	59
	<hr/> 762 <hr/>

During the year, all new houses erected were subsidy-earning i.e. for slum clearance or old persons flats, and this has been the case since the general subsidy on Council house building ceased. Applicants for general need houses have had to be content with the tenancy of voids from our general pool of houses. These voids are at the moment numbering about 30 per annum.

Although the core of our housing problem is the number of applicants in lodgings in the district (the 304 in the above table) and which may appear to be small, it would take 10 years to work through the list with only subsidy houses being erected. Consequently, the Council plan to erect houses for general need in next year's programme is supported.

During 1959, a total of 159 families were given accommodation. This figure included slum clearance rehousing, housing from the application list, and the transfer of families to more suitable accommodation.

FOOD INSPECTION AND HYGIENE.

At the five private slaughterhouses in the district, 100% meat inspection was maintained throughout the year. The following Table shows the animals inspected and the amount condemned as unfit for food.

(1) Tuberculosis.

	<u>Number Inspected</u>	<u>Whole carcasses condemned</u>	<u>Part condemned</u>	<u>Percentage affected</u>
Cattle (including calves)	689	-	3	0.4
Pigs	4,191	-	61	1.4
Sheep	7,452	-	-	-

(11) Other Diseases.

	<u>Number Inspected</u>	<u>Whole carcasses condemned</u>	<u>Part condemned</u>	<u>Percentage affected</u>
Cattle (Including calves)	689	-	375	54.4
Pigs	4,191	11	210	5.2
Sheep	7,452	7	1,731	23.3

These figures show quite a considerable drop from the previous year in the number of cattle killed. If the rise in the broiler industry is having any affect on the meat trade, it appears to be at the expense of beef.

There is a further drop in the tuberculosis figures from the previous year, and we seem to be approaching the stage when tuberculosis will become a rare disease in our slaughterhouses.

The high figures for "Part condemned" under other diseases is due to the fact that the liver is so often affected with various conditions which make it unsaleable. This is, of course, the result of the normal functioning of the liver as a filter, and in no way affects the rest of the carcase. It will be noticed that cattle and sheep are the most likely to be affected, through their grazing habits, whereas pigs, which are mainly fed on boiled food, are comparatively free from liver troubles.

The total amount of meat condemned in the slaughterhouses during the year was 5 tons, 7 cwts, 3 qrs, 16 lbs.

The preliminary work in connection with the preparation of our Slaughterhouse Report under the new Regulations was gone into seriously during the year. Much work, however, remains to be done in this connection.

All the food premises in the district have been visited on more than one occasion during the year; a number of them have had repeated visits. These visits included all food preparing premises, works and school canteens, restaurants and snack bars, shops, public houses, travelling shops and delivery vans. During the year a total of 101 notices were served for minor infringements of the Regulations. Nothing of a serious nature was found.

During the year no sampling of ice cream or ice-lollies was undertaken. During previous years the results of such samples had disclosed such good results that it was felt that no good purpose would be served by carrying on the practice with such regularity. All the ice-cream sold in this district is manufactured by large firms outside the area, and is of a nationally high standard. Sampling will, however, be carried out from time to time to see if that standard is maintained.

During the year, the following samples were taken by the County Inspector and submitted for analysis.

<u>MILK.</u>	Tuberculin Tested	15
	Tuberculin Tested (Pasteurised)	16
	Pasteurised	16
	Sterilised	15
	T.T. Channel Island (Pasteurised)... ..	10

One sample of pasteurised milk failed to pass the Methylene Blue test. All the other samples passed the various tests to which they were submitted.

GENERAL FOODS.

Number of samples taken	64
Number of samples genuine	60
Number of samples adulterated	4

CLASSIFICATION OF GENERAL FOODS.

Cold & Influenza Mixture	Fancy Salmon
Brewers Yeast Tablets B.P.C. 5 gr.	Trifle Pack
Margarine	Kipper Fillets
Glucose Liquorice Bon-Bons	Pineapple Cubes in Syrup
Beef Sausage with preservative	Fancy Red Salmon
Lard	Vintage Pure Malt Vinegar
Cranberry Sauce	Pressed Beef
Dessert Figs	Pork Pie

- Stewed Steak with Gravy (2 samples)
Extract of Ginger
Brandy Snap
Minced Chicken in Jelly
Tomato Juice
Coconut Oil B.P.C. 1949
Aspirin Tablets B.P. 5 gr. (2 samples)
Orange Squash
Baked Beans with Hamburgers &
Tomato Sauce
Beef Stew
Glucose Barley Sugar
Sultana Sponge Pudding
Pork Sausage with preservative (6 samples)
Ready Meal
Milk Loaf
Ground Ginger
Sausage containing preservative
Luncheon Meat
Apricot Halves
Pure Malt Vinegar
Pure American Lard
New Zealand Butter
Farmhouse Crunch
Milk Chocolate Crunch

Ground Almonds (2 samples)
Pork & Beef Luncheon Meat
Instant Icing Mix
Pancake Mixture
Apple Dumpling
Instant Coffee 100% Pure (2 samples)
Malt Vinegar
Ground Mixed Spice
Health Drink
Ground White Pepper
Tapioca Flakes
Beverage Drink
Red Food Colour

Gelatine
West Indian Treacle
-

PARTICULARS OF ADULTERATED SAMPLES

<u>90 C/Q - Stewed Steak with Gravy - Formal</u>	}	Whole question of standards for tinned meat referred to the County Councils Association by Staffs. County Council.
Contains 51.4% meat and should contain not less than 75% meat.		
<u>10 C/S - Stewed Steak with Gravy - Informal</u>		
Contains 54.6% meat and should contain not less than 75% meat.	}	Whole matter before the Food Standards Committee at present.
<u>89 C/S - Beef Stew - Formal</u> - contains 28.3% meat and should have a minimum meat content of 37½%.		
<u>94 C/S - Milk Loaf - Formal</u> - amount of milk solids present in sample insufficient to justify the description Milk Loaf.		

Finally, I give below a list of the various foodstuffs condemned as unfit for human consumption. These were examined and condemned by this department in the various shops within the district.

Tins of Fruit	...	...	...	...	...	52
Tins of Meat.	...	...	...	...	...	27
Tins of Tomatoes..	...	...	...	...	...	23
Tins of Peas	...	...	...	...	...	19
Tins of Milk	...	...	...	...	...	12
Tins of Soup	...	...	...	...	...	4
Tins of Fish	...	...	...	...	...	2
Tins of Beans	...	...	...	...	...	3
Cheese..	...	...	...	...	...	8 lbs.
Frozen Steak.	...	...	...	...	...	10 pkts.

In addition, there were condemned large quantities of food-stuffs too numerous to list, which had been damaged by flooding. The wholesale value of the foodstuffs thus condemned was £471.12s. 3d.

PUBLIC CLEANSING.

Throughout the year the public cleansing service continued to function smoothly and satisfactorily. Although the district is expanding rapidly a weekly service was maintained throughout the year by a re-organisation of the rounds. It was agreed to add a fourth collection round on a part time basis to the existing three rounds, which meant the engaging of one extra man and an additional vehicle. The new vehicle has not yet been received.

It was interesting to note that we were actually working with fewer men than in 1945 when the population was 20,970 (at present 26,260) and the number of houses 5,736 (at present 8,239). The figures were

	<u>1945</u>	<u>1959</u>	
Number of binmen	13	12	
Number of drivers	4	5	An extra vehicle had enabled more work to be done without increasing the labour force.
Number on salvage	2	1	
Number on tip	4	2	This reduction due to mechanization.
Ashpits, chemical closets.	2	1	Due to conversions, with consequent reduction in number.
Foreman	-	1	
Rodent operator and other work.	-	1	
	<u>25</u>	<u>23</u>	

The main credit for this reduction in labour force must go to our bin bonus scheme which continued to be a most successful incentive.

Labour difficulties were not apparent during the year and there was practically no change in personnel. In fact, during the period under review, only one man left the department and two others were engaged. There was comparatively little absence from sickness during the year, the figure being a total of 1,431 hours lost, or an average of about $1\frac{1}{2}$ weeks per man. When it is remembered that the men have to be out in all weathers and that the sickness scheme allows them 13 weeks absence with pay, it says much for the conscientiousness of our men when the absence rate is as low as $1\frac{1}{2}$ weeks.

During the year the tip at Holloway Street was completed and we moved back to our Humphrey Street site to put the final layer on. Further tipping sites were looked into during the year and preliminary approaches made.

The amounts received during the year from the sale of salvageable material was as follows:-

Paper	£ 589
Scrap Metal	42
Tins	39
Rags	9
	<u>£ 679</u>

The market for waste paper was not good during the year, and that for tins became so bad that we ceased to salvage this material.

With regard to the costs of the cleansing service, the returns, published by the Ministry of Housing and Local Government, show that once again Sedgley's costs are below the national average. Any costs can, of course, be kept down by reducing the standard of service, for example, fortnightly collections or kerb-side collection. These methods are not adopted in Sedgley.

These costs are given below, where it should be pointed out that costs per ton of refuse can be most misleading as it is obvious that most districts over-estimated the weight of their refuse.

	<u>Sedgley</u>	<u>Average Urban Districts</u>	<u>Average all Authorities</u>
Weight per 1000 population per day	14.6 tons	20.1 tons	17.6 tons
<hr/>			
<u>Costs per ton.</u>			
Collection	36/1d.	30/7d.	36/10d.
Disposal	3/2d.	2/10d.	6/-d.
<hr/>			
<u>Costs per 1000 pop.</u>			
Collection	£481	£558	£592
Disposal	£ 42	£ 54	£105
<hr/>			
<u>Costs per 1000 premises</u>			
Collection	£1,464	£1,712	£1,794
Disposal	£128	£165	£320
<hr/>			

ATMOSPHERIC POLLUTION.

Smoke from industry is not a serious problem in this district as the area is largely residential.

The hospital chimney, mentioned in my last report, still continued to give trouble during the year and the new plant has not yet been installed. Continual pressure on the Hospital Board continues and we have a promise of early action on their part.

Two brick works, both of which cause some nuisance, are now the responsibility of the Alkali Inspectorate.

Our Smoke Control Area No. 1. which consists of 512 houses in an area of 60.44 acres, was confirmed during the year. A great amount of work has been undertaken in connection with conversions and by the end of the year these were proceeding steadily.

At the same time, work was going on in our No. 2 Smoke Control Area, situated on the windward side of our district. This is a large area of some 425 acres, with about 600 houses at present, 56 of which are Council owned houses. It is an area of rapidly expanding development and will eventually contain many more houses.

This area was approved by the Council during the year and has been given provisional clearance by the Ministry.

During the year, the Council also provisionally approved a five year programme of Smoke Control Areas, the intention being to make one control area each year. At this rate, the whole district will be covered in 15 years.

MISCELLANEOUS MATTERS.

The general pattern of our work seems to be changing gradually with the years, but it is only when one looks back that the difference becomes so obvious. The old conception of an inspector going round his district looking for nuisances is gone completely. However desirable this may be, it is quite impossible with our present staff and the work we have in hand. Equally a thing of the past is the inspector visiting premises on receipt of complaints and issuing notices galore.

The complaints we receive to-day rarely call for notices. It is seldom that we find, even in houses which we are dealing with as unfit for habitation, the leaking roofs, the broken plasterwork, the defective floors and stairs, and the other signs of dilapidation and neglect that were so common not so many years ago. It is by such a comparison over a number of years that we can truly see the enormous improvement that has taken place in the housing standards of our people.

The same improvement is noticed in the sphere of insect pests, once such a common feature of our poorer houses. Bugs, fleas and cockroaches, at one time almost met with daily, are practically never seen to-day. Mice, once accepted as permanent lodgers, in countless houses now give rise to urgent calls to the department if they are even suspected. A single rat, seen crossing the lawn, now causes consternation, when not so many years ago it would have been accepted as part of the rural scene.

Infectious diseases, at one time almost the principal job in a health department, is now relegated to the roll of miscellaneous matters which occur from time to time. Some of our younger inspectors find it difficult to realise that to have 30 or 40 notifications of infectious diseases each week all requiring visiting and subsequent action was once a common thing in a district about the size of Sedgley.

The inspection of drains, once the favourite subject for the sneers of the man in the street or the music hall comedian, is another thing of the past. We now go years without looking at a drain.

Today, our work is divided into a number of specialised and highly technical matters - housing in all its aspects, food hygiene, atmospheric pollution and public cleansing. To this must be added an ever increasing amount of paper work, the writing of reports and form-filling. Although progress has been spectacular in the last ten years or so, it is sometimes felt that it might have been even greater if more time could be spent on actual constructive work and less on detailing what we have done in pages of statistics which often mean very little. This, of course, goes for this report as well.

To add to the figures, during the year the inspectors carried out a total of 4,592 inspections, and served 271 notices. In addition, 382 re-inspections were made to properties already under notice, and 214 were found to have been complied with.

The Report on Factories Acts inspections made during the year is appended.

In conclusion, my best thanks must be given to the staff and the workmen for their loyal co-operation and excellent work throughout the year. Without their efforts, the work could not have been done. I also wish to thank the Health and Housing Committees, and the Council as a whole for their support and for their progressive policy which has made the year's work so satisfying.

D. J. W. ROBERTSON.

Chief Public Health Inspector.

September, 1960.

FACTORIES ACTS, 1937 to 1959.

Part I of the Act.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

PREMISES	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	6	11	0	0
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authority	70	119	8	0
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	15	0	0
	91	145	8	0

2. Cases in which DEFECTS were found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Sanitary Conveniences					
(a) insufficient	5	5	-	3	0
(b) Unsuitable or defective	2	2	-	2	0
Other offences against the Act (not including offences relating to outwork)	1	1	-	-	0
	8	8	-	5	0

Part VIII of the Act.

OUTWORK.

NATURE OF WORK	Section 110		
	Number of out-workers	Number of cases of default in sending lists to the Council	Number of prosecutions for failure to supply list
Wearing Apparel (Making etc.,)	77	-	-
Carding etc., of Buttons etc.,	6	-	-
	83	-	-

